

## Article - Health - General

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§15–141.2.

(a) (1) In this section the following words have the meanings indicated.

(2) “Distant site” means a site at which the distant site health care provider is located at the time the health care service is provided through telehealth.

(3) “Distant site provider” means the health care provider who provides medically necessary services to a patient at an originating site from a different physical location than the location of the patient.

(4) “Health care provider” means:

(i) A person who is licensed, certified, or otherwise authorized under the Health Occupations Article to provide health care in the ordinary course of business or practice of a profession or in an approved education or training program;

(ii) A mental health and substance use disorder program licensed in accordance with § 7.5–401 of this article;

(iii) A person licensed under Title 7, Subtitle 9 of this article to provide services to an individual with developmental disability or a recipient of individual support services; or

(iv) A provider as defined under § 16–201.4 of this article to provide services to an individual receiving long-term care services.

(5) “Originating site” means the location of the Program recipient at the time the health care service is provided through telehealth.

(6) “Remote patient monitoring services” means the use of synchronous or asynchronous digital technologies that collect or monitor medical, patient-reported, and other forms of health care data for Program recipients at an originating site and electronically transmit that data to a distant site provider to enable the distant site provider to assess, diagnose, consult, treat, educate, provide care management, suggest self-management, or make recommendations regarding the Program recipient’s health care.

(7) (i) “Telehealth” means the delivery of medically necessary somatic, dental, or behavioral health services to a patient at an originating site by a distant site provider through the use of technology–assisted communication.

(ii) “Telehealth” includes:

1. Synchronous and asynchronous interactions;
2. From July 1, 2021, to June 30, 2023, both inclusive, an audio–only telephone conversation between a health care provider and a patient that results in the delivery of a billable, covered health care service; and
3. Remote patient monitoring services.

(iii) “Telehealth” does not include the provision of health care services solely through:

1. Except as provided in subparagraph (ii)2 of this paragraph, an audio–only telephone conversation;
2. An e–mail message; or
3. A facsimile transmission.

(b) The Program shall:

(1) Provide health care services appropriately delivered through telehealth to Program recipients regardless of the location of the Program recipient at the time telehealth services are provided; and

(2) Allow a distant site provider to provide health care services to a Program recipient from any location at which the health care services may be appropriately delivered through telehealth.

(c) The services required to be provided under subsection (b) of this section shall include counseling and treatment for substance use disorders and mental health conditions.

(d) The Program may not:

(1) Exclude from coverage a health care service solely because it is provided through telehealth and is not provided through an in–person consultation or contact between a health care provider and a patient; or

(2) Exclude from coverage a behavioral health care service provided to a Program recipient in person solely because the service may also be provided through telehealth.

(e) The Program may undertake utilization review, including preauthorization, to determine the appropriateness of any health care service whether the service is delivered through an in-person consultation or through telehealth if the appropriateness of the health care service is determined in the same manner.

(f) The Program may not distinguish between Program recipients in rural or urban locations in providing coverage under the Program for health care services delivered through telehealth.

(g) (1) Subject to paragraph (3) of this subsection, the Program shall reimburse a health care provider for the diagnosis, consultation, and treatment of a Program recipient for a health care service covered by the Program that can be appropriately provided through telehealth.

(2) This subsection does not require the Program to reimburse a health care provider for a health care service delivered in person or through telehealth that is:

(i) Not a covered health care service under the Program; or

(ii) Delivered by an out-of-network provider unless the health care service is a self-referred service authorized under the Program.

(3) (i) From July 1, 2021, to June 30, 2023, both inclusive, when appropriately provided through telehealth, the Program shall provide reimbursement in accordance with paragraph (1) of this subsection on the same basis and the same rate as if the health care service were delivered by the health care provider in person.

(ii) The reimbursement required under subparagraph (i) of this paragraph does not include:

1. Clinic facility fees unless the health care service is provided by a health care provider not authorized to bill a professional fee separately for the health care service; or

2. Any room and board fees.

(h) (1) The Department may specify in regulation the types of health care providers eligible to receive reimbursement for health care services provided to Program recipients under this section.

(2) If the Department specifies by regulation the types of health care providers eligible to receive reimbursement for health care services provided to Program recipients under this subsection, the regulations shall include all types of health care providers that appropriately provide telehealth services.

(3) For the purpose of reimbursement and any fidelity standards established by the Department, a health care service provided through telehealth is equivalent to the same health care service when provided through an in-person consultation.

(i) Subject to subsection (g)(2) of this section, the Program or a managed care organization that participates in the Program may not impose as a condition of reimbursement of a covered health care service delivered through telehealth that the health care service be provided by a third-party vendor designated by the Program.

(j) The Department may adopt regulations to carry out this section.

(k) The Department shall obtain any federal authority necessary to implement the requirements of this section, including applying to the Centers for Medicare and Medicaid Services for an amendment to any of the State's § 1115 waivers or the State plan.

(l) This section may not be construed to supersede the authority of the Health Services Cost Review Commission to set the appropriate rates for hospitals, including setting the hospital facility fee for hospital-provided telehealth.

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